

# EMPLOYMENT APPLICATION

FOR HUMAN RESOURCES USE ONLY

Recruitment No. \_\_\_\_\_



**City of Sunnyvale**  
**Department of Human Resources**  
**505 West Olive Avenue Ste #200**  
**Sunnyvale, CA 94086**  
**(408) 730-7490 / TDD (408) 730-7501**  
*An Equal Opportunity Employer*

Position applied for:

Other names under which you have worked:

Last Name First Name Middle Initial

Address

Telephone Number (home)

Telephone Number (work)

City, State, ZIP

E-mail Address

**IF AN ASTERISK (\*) FOLLOWS A QUESTION, EXPLAIN ANY "YES" ANSWERS ON A SEPARATE SHEET OF PAPER.**

**Yes No**

1. If you are under the age of 18, can you submit a work permit after an offer of employment has been made? (You do not need to answer this if you are over 18 years of age).
2. Can you submit verification of your U.S. citizenship or your legal right to work in the USA?
3. If offered, will you accept a position requiring shift, weekend, or holiday work where such work is an essential function of the job?
4. Do you have any relatives employed by the City of Sunnyvale?\*
5. Are you currently a member of the Sunnyvale City Council, or any City Board or Commission?\*
6. Are you related to any current member of the Sunnyvale City Council, or any City Board or Commission? \*
7. In the previous two (2) years, have you held a position that requires testing under the federally mandated (DOT) Department of Transportation Commercial Drivers Drug and Alcohol Testing Program? If yes, list employer and employment dates.\*
8. Have you ever been convicted of a felony, misdemeanor, or court martial on or after your 18<sup>th</sup> birthday, of which you were sentenced and/or placed on probation? (A "yes" answer will not automatically disqualify you from further consideration. This information will be reviewed independently on the basis of job-relatedness).\*

Explain, on a separate sheet of paper, any "yes" answers to questions marked above with an asterisk (\*).

## READ THESE INSTRUCTIONS BEFORE FILLING OUT YOUR WORK HISTORY

- Complete this application in its entirety. Incomplete applications will not be accepted.
- Resumes may be attached, **but they will not be accepted in lieu of any information requested.** Your qualifications for this position will be evaluated strictly against the information you provide on this application and any supplemental questionnaire that may be required.
- **Begin with your present or most recent position**, and go back at least ten years. Include all paid and unpaid experience which you think qualifies you for this position. All job-related experience (including experience prior to the previous ten years) should be stated. Use additional sheets, if necessary.
- Veterans must attach to this application proof of honorable discharge or of service-related disability in order to receive preference credits. Veterans preference credits are available only for entry-level positions and only for candidates who qualify for the eligible list.
- **Advise Human Resources if you change your address.** Otherwise, you may lose your opportunity for employment.

Dates of employment (month, year)	Title of your position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____	Earnings: \$ _____ per
Current or last employer:	Address of current or last employer (include city, state, ZIP)		
Type of business or organization:	Name/Title of your immediate supervisor:		Supervisor's phone:
May we contact him/her? <input type="checkbox"/> Now <input type="checkbox"/> Later			
Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of people and types of positions you supervised:	
Reason for leaving or wanting to leave:			
Description of Duties:			

Dates of employment (month, year)	Title of your position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____	Earnings: \$ _____ per
Name of employer:	Address of current or last employer (include city, state, ZIP)		
Type of business or organization:	Name/Title of your immediate supervisor:		Supervisor's phone:
Reason for leaving:		Number of people and types of positions you supervised:	
Description of Duties:			

Dates of employment (month, year)	Title of your position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____	Earnings: \$ _____ per
Name of employer:	Address of current or last employer (include city, state, ZIP)		
Type of business or organization:	Name/Title of your immediate supervisor:		Supervisor's phone:
Reason for leaving:		Number of people and types of positions you supervised:	
Description of Duties:			

Dates of employment (month, year)	Title of your position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____	Earnings: \$ _____ per
Name of employer:	Address of current or last employer (include city, state, ZIP)		
Type of business or organization:	Name/Title of your immediate supervisor:		Supervisor's phone:
Reason for leaving:		Number of people and types of positions you supervised:	
Description of Duties:			

Dates of employment (month, year)	Title of your position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours/Week _____	Earnings: \$ _____ per
Name of employer:	Address of current or last employer (include city, state, ZIP)		
Type of business or organization:	Name/Title of your immediate supervisor:		Supervisor's phone:
Reason for leaving:		Number of people and types of positions you supervised:	
Description of Duties:			

## RECORD OF EDUCATION

Circle the highest grade you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 or more

High School Graduate? Yes ☐ No ☐

If not, have you passed a high school equivalency (GED)?

Yes ☐ No ☐

Colleges or Universities	City, State/Country	Major	Total Units Earned		Degree Received (AA, BS, MBA, etc.)
			Sem	Qtr	

  

Name of Other Trade Schools or Institutions	Name of Course or Training	Satisfactorily Completed?	
		Yes	No

Licenses or Certificates which are related to the position for which you are applying:

List professional, trade, business, or civic activities and offices held which relate to the position for which you are applying. (If desired, you may exclude those which indicate race, color, religion, gender, sexual orientation, marital status, national origin, age, or disability).

Do you have a valid California Driver License (CDL)

☐ Yes

☐ No

If "Yes," CDL number: \_\_\_\_\_

☐ Class A

☐ Class B

☐ Class C (Automobile only)

Restrictions (other than eyeglasses) \_\_\_\_\_

If no California Driver License, do you have one from another state in the United States?

☐ Yes

☐ No

If "Yes," which state? \_\_\_\_\_

License Number \_\_\_\_\_

### PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

I CERTIFY THAT ALL STATEMENTS I HAVE MADE ON THIS APPLICATION, AND ON OTHER SUPPLEMENTAL MATERIALS SUBMITTED WITH THIS APPLICATION, ARE TRUE AND CORRECT. I HEREBY AUTHORIZE THE CITY OF SUNNYVALE TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON OR ORGANIZATION, AND I RELEASE THE CITY OF SUNNYVALE AND ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS AND LIABILITIES ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF INFORMATION FOR SUCH INVESTIGATIONS. I ACKNOWLEDGE THAT ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION, OR ON SUPPLEMENTAL MATERIAL SUBMITTED WITH THIS APPLICATION, WILL BE CAUSE FOR REFUSAL TO HIRE OR FOR IMMEDIATE DISMISSAL AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I UNDERSTAND THAT IF I AM A FINALIST FOR THIS POSITION, I WILL BE REQUIRED TO SUBMIT PROOF OF U.S. CITIZENSHIP OR THE LEGAL RIGHT TO WORK IN THE UNITED STATES, AND THAT IF I AM HIRED, I WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG TEST, A MEDICAL EXAM, AND/OR OTHER TESTS AS MANDATED BY FEDERAL, STATE, OR LOCAL LAW, OR BY THE ADMINISTRATIVE POLICY OF THE CITY OF SUNNYVALE.

Signature of Applicant : \_\_\_\_\_

Date: \_\_\_\_\_



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**THE FOLLOWING INFORMATION WILL BE REMOVED FROM THIS APPLICATION PRIOR TO ITS REVIEW**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**HOW DID YOU FIRST HEAR OF THIS POSITION?**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> BB – City bulletin board     | <input type="checkbox"/> JH – City's telephone Job Hotline | <input type="checkbox"/> SF – San Francisco newspaper | <input type="checkbox"/> WB – City's web page                |
| <input type="checkbox"/> CE – City employee           | <input type="checkbox"/> MA – Mailed announcement          | <input type="checkbox"/> SJ – San Jose Mercury-News   | <input type="checkbox"/> WO – Other web page (specify) _____ |
| <input type="checkbox"/> EO – Unemployment office     | <input type="checkbox"/> MF – Minority/Female newspaper    | <input type="checkbox"/> OD – Other daily newspaper   | <input type="checkbox"/> OT – Other (specify) _____          |
| <input type="checkbox"/> JA – Jobs Available magazine | <input type="checkbox"/> PJ – Professional journal         | <input type="checkbox"/> TV – Radio/TV/theater        |  |
| <input type="checkbox"/> JF – Job fair                | <input type="checkbox"/> RC – Recruited by City            | <input type="checkbox"/> WI – Walk-in                 |  |

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her identification on an employment application. This information will be used by the City of Sunnyvale in conducting research and in compiling statistical reports regarding the composition of its job applicants and work force. It is illegal to use this information to discriminate against, or give preference to, a person for hiring or promotion. After this information has been recorded by the Human Resources Department, it will be removed from the application prior to review by hiring departments.

**PLACE AN "X" NEXT TO YOUR RACIAL/ETHNIC IDENTITY**

<input type="checkbox"/>	A	<b>Asian or Pacific Islander:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
<input type="checkbox"/>	B	<b>Black (not of Hispanic Origins):</b> All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	H	<b>Hispanic:</b> All persons of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish cultures, regardless of race.
<input type="checkbox"/>	N	<b>Native American or Alaskan Native:</b> All persons having origins in any of the original peoples of North America, or who maintain cultural identification through tribal affiliation.
<input type="checkbox"/>	W	<b>White (not of Hispanic Origin):</b> All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Male

☐ Female